

**Snell & Wilmer**

L.L.P.

LAW OFFICES

One Arizona Center  
Phoenix, Arizona 85004-2202  
(602) 382-6000  
Fax: (602) 382-6070  
www.swlaw.com

RECEIVED  
CENTRAL FAX CENTER

JAN 18 2006

PHOENIX, ARIZONA

TUCSON, ARIZONA

IRVINE, CALIFORNIA

SALT LAKE CITY, UTAH

DENVER, COLORADO

LAS VEGAS, NEVADA

JAN 22 2006

**FACSIMILE TRANSMISSION**

DATE: January 18, 2006

TIME IN:  
TIME OUT:

TO:

Name	Fax Number	Phone Number
Examiner Daniel A. Hess – U. S. Patent and Trademark Office	571-273-8300	571-272-2800

FROM: Kirk Dorius

PHONE: 602-382-6544

RE:

MESSAGE:

Attached is a Reply and Amendment and RCE for Serial No. 10/710,310.

ORIGINAL DOCUMENT: Will not be sent

NUMBER OF PAGES (Including Cover):

CONFIRMATION NO.:

CLIENT MATTER NO.: 70655.1600

PLEASE RETURN TO: S.Bowman/16S02

PERSONAL FAX: Yes

REQUESTOR: Kirk Dorius

DIRECT LINE: 602-382-6544

IF YOU HAVE NOT PROPERLY RECEIVED THIS TELECOPY, PLEASE CALL US AT (602) 382-6075.  
OUR FACSIMILE NUMBER IS (602) 382-6070.

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU

1770729

Best Available Copy

**RECEIVED  
CENTRAL FAX CENTER**

**JAN 18 2006**

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/01/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) **790.00**

**Complete If Known**

Application Number	10/710,310
Filing Date	July 1, 2004
First Named Inventor	David S. Bonalle, et al.
Examiner Name	Daniel A. Hess
Art Unit	2876
Attorney Docket No.	70655.1600

**METHOD OF PAYMENT (check all that apply)**

☐ Check   ☐ Credit Card   ☐ Money Order   ☐ None   ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account   Deposit Account Number: 19-2814   Deposit Account Name: Snell & Wilmer LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☒ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 20 or HP = _____	x _____	= _____	

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
50	25
200	100
360	180

Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	_____

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination (RCE)

**790.00**

**SUBMITTED BY**

Signature

*Kirk Dorius*

Registration No. 54,073  
(Attorney/Agent)

Telephone (602) 382-6544

Name (Print/Type) Kirk Dorius

Date January 18, 2005

This collection of information is required by 37 CFR 1.138. This information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.